MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

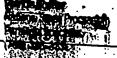SERIAL NO. 09/980584

FILING DATE

BEST AVAILABLE COPY

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51							
2		/		/			52							
3		2		2			53							
4		Ø		Ø			54							
5		Ø		Ø			55							
6		Ø		Ø			56							
7		Ø		Ø			57							
8		Ø		Ø			58							
9		Ø		Ø			59							
10		Ø		Ø			60							
11		Ø		Ø			61							
12		Ø		Ø			62							
13		Ø		Ø			63							
14		Ø		/			64							
15	/			Ø			65							
16		Ø		/			66							
17	/			Ø			67							
18		Ø		Ø			68							
19		Ø					69							
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40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	3		3				TOTAL IND.							
TOTAL DEP.	6		17				TOTAL DEP.							
TOTAL CLAIMS	9		20				TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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